

Reporting Period 1984

TO:
STATE CORPORATION COMMISSION
CONSERVATION DIVISION - UIC SECTION
200 COLORADO DERBY BUILDING
WICHITA, KANSAS 67202

DOCKET NO. B-8376 []
KCC KDHE

X

SEC 35 , T 18 S, R 12 [X] West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Zink Well# 2
(if battery of wells, attach list with
locations)

Operator License Number 5375

Feet from N(S) section line 1620'

Operator: HILLENBURG OIL CO.
Name & 11600 South Lynn Lane Rd.
Address Broken Arrow, Okla. 74012

Feet from W(E) section line 330'

Field Bottoms

County Barton

Contact Person Harold A. Hillenburg Jr.
Phone 918-455-4444

Disposal [] or Enhanced Recovery [X]

Person (s) responsible for monitoring well Charles McMannis
Was this well/project reported last year? [X] yes [] no
List previous operator if new operator _____

I. INJECTION FLUID:

Type: [] fresh water [X] produced water [] brine treated other: _____ [X] brine untreated [] water/brine mixture
Source: [X] produced water other: _____
Quality: Total dissolved solids _____ ppm/mgm/liter
Additives _____
(attach water analysis, if available)

TYPE COMPLETION:

[X] tubing & packer packer setting depth 3130 feet.
[] packerless (tubing-no packer) Maximum authorized pressure _____ psi.
[] tubingless (no tubing) Maximum authorized rate _____ bbl/day.

Month	Total Fluid Injected in Month (bbl)	Days of Injection	Maximum Injection Pressure	Average Injection Pressure	Aver. Pressure Tubing to Casing Annulus	Pressure psig Casing to Surf. Pipe
Jan.	6851	31	Vacuum		0	0
Feb.	6188	28	}	}	}	}
Mar.	6851	31				
Apr.	6630	30				
May	6851	31				
June	6630	30				
July	6851	31				
Aug.	6851	31				
Sept.	6630	30				
Oct.	6851	31				
Nov.	6630	30				
Dec.	6851	31				

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section IV page 2.
For enhanced recovery wells (repressuring, secondary, tertiary) complete both pages.
Prepare one form for each injection well (SWD and ER) but only one report of
Section II and III for each docket (project).
STATE CORPORATION COMMISSION 1983 Form U3C

RECEIVED

Project _____ DOCKET # C-8376 [_____] for 1984

- II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)
- Controlled waterflood [W]
 - Pressure maintenance [P]
 - Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

- Steam Flood [S] Fire Flood [F] Surfactant Chemical Flood [C]
- CO2 Injection [O] Air Injection [A] N2 Injection [N]
- Natural Gas Injection [G] Polymer/Micellar Flood [P] Other

Oil Producing Zone:

Name: KC Depth: 3130 feet. Average Thickness: 10 feet.

Oil Gravity 39 API

Production wells from this docket:

- a. Total number producing during reporting year 3.
- b. Number drilled in reporting year 0.
- c. Number abandoned in reporting year 0.
- d. Total number of injection wells assisting production this project 1.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

	<u>Current Year</u>	<u>Cumulative</u>
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	<u>80,665</u> ^{80.7}	_____
B. Gas or air injected into producing zone (MCF)	_____	_____
C. Oil production from project area (BBLs) (Total)	<u>2063</u> ^{2.1}	_____
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>0</u>	_____
E. Oil recovered by <u>Tertiary Recovery</u> such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combustion process, <u>but excluding</u> oil recovered by waterflood, pressure maintenance, or dump flood operations.	_____	_____

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 4-11-85

Signature Harold A. Hillenburg, Jr.

Name Harold A. Hillenburg, Jr.

Title Partner

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.